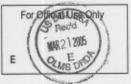
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	7.b. Amount. Signature y of Perjury and other applicable penalties of the law, that all of the information
rade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
rade Name, if any: O. Box, Bldg., Room No., if any	7.b. Amount.
ame rade Name, if any: O. Box, Bldg., Room No., if any	7.b. Amount.
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ame	
Name and address of Employer (including trade name, if any).	
	7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below If, during the past fiscal year, you or your selected an interest in, engaged in transactions (including loans) with, onetary value from an employer whose employees your organize	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions): or derived income or other economic benefit of zation represents or is actively seeking to represent.
ate Ny ZIP Code + 4 /3088	State ZIP Code + 4
V Liverpool	City
reet 915 7th North ST Apt 676	Street
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
ame Andrew L togg	Name Airline Prots 24 91 Labor Organization File Number 577-558
^	4. Name, file number, and address of labor organization.
Name and address of person filing.	61 / 01 / 2004 Through: 12 / 31 / 04
Vame and address of person filing.	2. Fiscal Year Covered From:

Name of Person Filing	File Number U- /99/	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	